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CONFIRMATION NO. 8823

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/880,218 06/12/2001 PAT 6,679,851  
 which is a CIP of 09/146,185 09/01/1998 PAT 6,540,693  
 and is a CIP of 09/159,467 09/23/1998 PAT 6,261,241  
 and is a CIP of 09/356,187 07/16/1999 PAT 6,312,429  
 and is a CIP of 09/477,255 01/04/2000 PAT 6,471,700  
 and is a CIP of 09/727,112 11/29/2000 PAT 6,638,234

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/08/2004

|   |   |                           |                         |                       |                            |
|---|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>26 | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>MA</i><br>Initials <i>MON</i>   |                           |                         |                       |                            |

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## TITLE

Tissue accessing and anchoring device and method

|  |  |   |                                   |   |  |  |                                      |                                 |
|--|--|---|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <p>FILING FEE<br/>RECEIVED<br/>518</p>                         | <p>FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</p> | <table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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